COUNTRY FACT-SHEET

ENDING FEMALE GENITAL MUTILATION

Female Genital Mutilation in Burkina Faso

COUNTRY INFORMATION ■ The landlocked West African country Burkina Faso is a multiethnic state and one of the poorest countries in the world. The largest ethnic group is the Mossi, who account for almost half of the population. Other important ethnic groups include the Fulbe/Peulh, Lobi, Gourounsi, Bobo and Senufo. Traditional patriarchal structures are still an obstacle to gender equality but in Burkina Faso there is a strong political will to realise women's rights.

BURKINA FASO:

Population: 16 million

Population growth: 3,3 %

Religious affiliation: 55 % Muslims, 30 % Animists, 15 % Christians

Literacy rate: women: 22 %, men: 37 %

Percentage of women aged 20-24 who were married before the age of 18: 48 %

Maternal mortality: 5,6 %

PREVALENCE OF FEMALE GENITAL MUTILATION ■ Female genital mutilation (FGM) refers to all practices involving partial or complete removal of or injury to the external sexual organs of women and girls for non-medical reasons. The World Health Organisation (WHO) distinguishes among four types of FGM based on the invasiveness of the intervention.

According to the most recent Demographic and Health Survey (DHS), which was conducted in 2003, 77 per cent of women aged between 15 and 49 in Burkina Faso have been subjected to FGM. The previous survey, conducted five years earlier, recorded a rate of only 72 per cent. The authors of the DHS do not, however, consider this as evidence of an increase in the practice but rather as an indication that more information is now available on FGM. This interpretation is confirmed by the fact that according to the more recent survey there is a marked drop in the prevalence of FGM among the younger age groups. While more than 80 per cent of women aged 35 and above have been cut, only 65 per cent of the 15 to 19 age group have. This trend is confirmed by the 2006 Multiple Indicator Cluster Survey (MICS3), which identified a prevalence of 60 per cent among the 15 to 19 age group. This marks another significant drop in the intervening three-year period. Nationwide, the MICS3 puts the percentage of women who have been subjected to FGM at 73 per cent.

The 2003 DHS also indicates that the generation of daughters is less likely to have been cut than the generation of their mothers: 32 per cent of mothers have (at least) one daughter who has been cut, and another five per cent intend to have a daughter cut, giving a total prevalence of 37 per cent for this age group. According to the DHS, 74 per cent are in favour of abandoning the practice whereas 17 per cent believe it should be retained. According to the MICS3 as many as 81 per cent are in favour of abandoning FGM and only eleven per cent would like to see it continued.

Almost all ethnic groups in Burkina Faso practice FGM, but not to the same extent. While among the Gourounsi 48 per cent of women are cut, the figure for the Dioula is 88 per cent and for the Senufo 86 per cent. Among Bobo and Bissa women 83 per cent have been subjected to FGM. Some groups, for instance the Mossi and the Gourounsi, no longer practice FGM for a variety of reasons. One chief was unwilling to expose young girls to the risk of FGM any more after several girls died after the procedure. There is little difference between urban and rural areas. Religion, however, does play a part in whether or not women are cut: 82 per cent of Muslim women have been cut, 69 per cent of Roman Catholics, 65 per cent of Protestants and 73 per cent of women who are followers of traditional religions.

The most frequent form of FGM practised in Burkina Faso is excision (Type II according to the WHO classification). This involves the partial or total removal of the clitoris and the labia minora. Two percent of women stated that they had been subjected to infibulation (Type III according to the WHO classification, i.e., narrowing of the vagina with (partial) removal of the labia minora and/or majora, and/or the clitoris). The intervention is almost always performed by traditional circumcisers. Medically trained

giz

On behalf of BMZ

Federal Ministry for Economic Cooperation and Development

staff was involved in less than one per cent of cases. More than half of women had been cut before their fifth birthday, with this figure actually rising to more than 60 per cent for the generation of daughters. The most important reasons given for FGM were the social standing it confers (24 per cent), followed by improved hygiene (six per cent) and the need to preserve the girls' virginity (four per cent). All in all, however, 52 per cent of women and 69 per cent of men see no advantages in FGM.

APPROACHES ■ Burkina Faso has ratified several international conventions condemning FGM. These include the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the UN Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child and the Maputo Protocol (to the African Charter on Human and Peoples' Rights) on the Rights of Women in Africa.

FGM has been an important issue for the Government of Burkina Faso since the mid-1970s. In 1990 the Government established the National Committee to Combat the Practice of FGM (CNLPE), whose members include representatives of ministries and NGOs as well as religious and traditional leaders. The CNLPE is firmly anchored across the country, with 45 provincial committees.

Since 1996 FGM has been banned by law in Burkina Faso. Over the years the law has been applied on several occasions, usually in response to an (anonymous) tip-off on the special free of charge telephone hotline of the 'SOS excision' action group.

With the help of their partners, the CNLPE conducts awareness-raising measures for various target groups. In addition to education and information, medical treatment is made available to help affected women cope with FGM-related problems. At the University Hospital in Ouagadougou several doctors have been trained to operate on fistulas, which pose a serious medical and psychosocial problem resulting from FGM.

In 2006 the work of the CNLPE was evaluated and was generally found to be positive. The evaluation report does, however, advocate strengthening the CNLPE, and it calls for better inter-donor coordination, as well as recommending cross-border measures. There are concerns that FGM might be performed in neighbouring countries where it is not banned by law, or where existing legislation is not enforced. The results of the evaluation formed the basis of the Third National Action Plan on FGM 2008-2012.

GTZ (GIZ as of 1 January 2011), has been implementing the project 'Ending Female Genital Mutilation' on behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ) since 1999. In 2000 the FGM project began to support civil society actors in Burkina Faso. Since 2004 the project has been cooperating with the GTZ programme on 'Reproductive Health and Human Rights' (PROSAD).

Efforts are focused on four approaches developed by PROSAD at national level with the support of various donors, among them GIZ. Many activities have already been successfully implemented. Among them are: an FGM campaign by young people for youth and the 'Village Empowerment Programme', a one-year non-formal basic education programme which aims, among other things, to end FGM. Furthermore, FGM modules have been integrated in school curricula and the school approach has been incorporated into national education policy and teachers training. As a result, informed students prevent FGM by informing state authorities in case of suspicion. The fourth approach focuses on education through local opinion leaders. All these approaches are integrated into the National Action Plan.

PROSAD also works with a family dialogue approach. This dialogue, coupled with education work, makes it possible for extended families to exchange views on FGM and violence against women. FGM has been a cross-sectoral issue of German development cooperation in Burkina Faso since 2007. Within this framework PROSAD trains staff members of German programmes and draws up joint action plans to draw attention to the issue. At regional level the programme is supporting hospitals in priority regions, helping them offer treatment for FGM-related problems, and at national level efforts are being made to strengthen the CNLPE in its capacity as a coordination unit.

The term GTZ or Deutsche Gesellschaft für Technische Zusammenarbeit refers to one of the predecessor organisations of the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). Established on 1 January 2011, GIZ pools the long-standing expertise of Deutscher Entwicklungsdienst (DED) (German Development Service), GTZ (German technical cooperation) and Inwent – Capacity Building International, Germany.

Sources

Enquête Démographique et de Santé (EDS) Burkina Faso 2003.
UNICEF: www.childinfo.org/ (Access 15.6.2011).
UNICEF (2010): The State of the World's Children 2010.
UNDP (2009): Human Development Report 2009.
WHO (2011): World Health Statistics 2011.
Multiple Indicator Cluster Survey (MICS3) Burkina Faso 2006.
German Federal Foreign Office: http://www.auswaertiges-amt.de/ (Access 15.6.2011).
For further information about the work of GIZ on FGM: www.giz.de/fgm.

Imprint

Published by:
Deutsche Gesellschaft für
Internationale Zusammenarbeit (GIZ) GmbH

Sectoral and supraregional project
'Ending Female Genital Mutilation'
Dag-Hammarskjöld-Weg 1-5
65760 Eschborn/Germany
E fgm@giz.de
I www.giz.de/fgm

September 2011